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SUPPLEMENT
to

ACCOUNTING and REPORTING MANUAL for CANDIDATES

BLANK FORMS
(MAY BE REPRODUCED AS NEEDED)

- **Form C-1. Statement of Candidate**
  (For Statewide or State District Office)

- **Form C-1-A. Statement of Candidate**
  (For County, Municipal, or School Office)

- **Form C-5. Candidate Campaign Finance Report**
  (Includes C-5 Schedules)

- **Form C-7. Notice of Pre-Election Contributions**

- **Form C-118. Disposition of Surplus Campaign Funds Statement**

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THE STATE OF MONTANA

COMMISSIONER OF POLITICAL PRACTICES
1205 Eighth Avenue
Post Office Box 202401
Helena, MT 59620-2401
TELEPHONE: 406-444-2942
FAX NUMBER: 406-444-1643

INSTRUCTIONS (Revised 07/01)
FORM C-1
STATEMENT OF CANDIDATE

WHO IS REQUIRED TO FILE A FORM C-1?

All candidates campaigning for statewide and state district offices must file a Form C-1.

WHAT INFORMATION IS TO BE REPORTED?

Pursuant to Montana Code Annotated §§§ 13-37-201, 13-37-202, and 13-37-205, the following information is required to be reported:

- full name, complete mailing address, and complete street address of the treasurer;
- full name, complete mailing address, and complete street address of any deputy treasurer; and
- full name and complete address of the depository in which the campaign account is located.

Please note: A candidate may appoint himself or herself as the campaign treasurer or deputy treasurer. Such an appointment subsequently may be changed by filing an amended Form C-1.

WHEN MUST A FORM C-1 BE FILED?

Form C-1 must be filed within five (5) days after receiving or spending money, appointing a campaign treasurer, or filing for office, whichever occurs first.

WHERE MUST A FORM C-1 BE FILED?

- One copy is to be filed with the Commissioner of Political Practices at the address above.
- One copy is to be filed with the Election Administrator of the candidate's resident county.
- One copy is to be retained for the candidate's records.

Please detach these instructions before filing Form C-1

THE STATE OF MONTANA

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FORM C-1 (Revised 07/01)
STATEMENT OF CANDIDATE

TO BE FILED by CANDIDATE FOR STATEWIDE OR STATE DISTRICT OFFICE

ORIGINAL FILING ☐ AMENDED FILING ☐

TYPE OR PRINT IN INK ALL INFORMATION ON THIS FORM EXCEPT FOR CERTIFICATION SIGNATURE

FULL NAME OF CANDIDATE _____

COMPLETE DESCRIPTION OF OFFICE SOUGHT _____

PARTY AFFILIATION, if any _____ COUNTY OF RESIDENCE _____

COMPLETE MAILING ADDRESS _____
(Including City, State, Zip Code)

COMPLETE STREET ADDRESS _____
(Including City, State, Zip Code)

E-Mail Address | Home Telephone Number | Work Telephone Number | Facsimile Number

FULL NAME OF CAMPAIGN TREASURER * _____

COMPLETE MAILING ADDRESS _____
(Including City, State, Zip Code)

COMPLETE STREET ADDRESS _____
(Including City, State, Zip Code)

E-Mail Address | Home Telephone Number | Work Telephone Number | Facsimile Number

FULL NAME OF DEPUTY TREASURER, if any * _____

COMPLETE MAILING ADDRESS _____
(Including City, State, Zip Code)

COMPLETE STREET ADDRESS _____
(Including City, State, Zip Code)

E-Mail Address | Home Telephone Number | Work Telephone Number | Facsimile Number

* ***A campaign treasurer or deputy treasurer must be registered to vote in Montana.***

CAMPAIGN ACCOUNT INFORMATION

FULL NAME OF BANK _____

COMPLETE ADDRESS _____
(Including City, State, Zip Code)

CERTIFICATION

I hereby verify that the foregoing statements are true and correct.

Candidate's Signature | Date

THIS FORM MAY BE REPRODUCED

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INSTRUCTIONS (Revised 07/01)
FORM C-1-A
STATEMENT OF CANDIDATE

WHO IS REQUIRED TO FILE A FORM C-1-A?

- All candidates campaigning for county and municipal offices must file a Form C-1-A.

- All candidates campaigning for school trustee offices in first-class districts located in counties with populations of 15,000 and more or in county high school districts having student enrollments of 2,000 or more must file a Form C-1-A.

WHAT INFORMATION IS TO BE REPORTED?

Pursuant to Montana Code Annotated §§§ 13-37-201, 13-37-202, and 13-37-205, the following information is required to be reported:

- full name, complete mailing address, and complete street address of the treasurer;
- full name, complete mailing address, and complete street address of any deputy treasurer; and
- full name and complete address of the depository in which the campaign account is located.

Please note:

- *A candidate may appoint himself or herself as the campaign treasurer or deputy treasurer. Such an appointment or other change to the information initially provided subsequently may be changed by filing an amended Form C-1-A.*
- *A separate bank account must be established for a campaign in which any funds, including the candidate's personal funds, will be received or spent, that is, if Box B or C is checked on the Affidavit of Reporting Status on Form C-1-A.*

In accordance with 44.10.407 Administrative Rules of Montana, if Box B has been checked and more than $500 subsequently is received and/or expended, an initial financial report (Form C-5) must be filed within five (5) days of exceeding $500 and financial reports must be filed according to schedule.

WHEN MUST A FORM C-1-A BE FILED?

A Form C-1-A must be filed within five (5) days after receiving or spending money, appointing a campaign treasurer, or filing for office, whichever occurs first.

WHERE MUST A FORM C-1-A BE FILED?

- One copy is to be filed with the Commissioner of Political Practices at the address above.
- One copy is to be filed with the Election Administrator of the candidate's resident county or, in the case of a school election, with the district clerk.
- One copy is to be retained for the candidate's records.

Please detach these instructions before filing Form C-1-A

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FORM C-1-A (Revised 07/01)
STATEMENT OF CANDIDATE

TO BE FILED by CANDIDATE for COUNTY, MUNICIPAL or SCHOOL OFFICE

ORIGINAL FILING ☐ **AMENDED FILING** ☐

TYPE OR PRINT IN INK ALL INFORMATION ON THIS FORM EXCEPT FOR CERTIFICATION SIGNATURE

FULL NAME OF CANDIDATE _____

COMPLETE DESCRIPTION OF OFFICE SOUGHT _____

PARTY AFFILIATION, if any _____ **COUNTY OF RESIDENCE** _____

COMPLETE MAILING ADDRESS _____
(Including City, State, Zip Code)

COMPLETE STREET ADDRESS _____
(Including City, State, Zip Code)

E-Mail Address	Home Telephone Number	Work Telephone Number	Facsimile Number

FULL NAME OF CAMPAIGN TREASURER _____
(Must be registered to vote in Montana)

COMPLETE MAILING ADDRESS _____
(Including City, State, Zip Code)

COMPLETE STREET ADDRESS _____
(Including City, State, Zip Code)

E-Mail Address	Home Telephone Number	Work Telephone Number	Facsimile Number

FULL NAME OF DEPUTY TREASURER, if any _____
(Must be registered to vote in Montana)

COMPLETE MAILING ADDRESS _____
(Including City, State, Zip Code)

COMPLETE STREET ADDRESS _____
(Including City, State, Zip Code)

CAMPAIGN ACCOUNT INFORMATION

FULL NAME OF BANK _____

COMPLETE ADDRESS _____
(Including City, State, Zip Code)

AFFIDAVIT OF REPORTING STATUS (Check one) ***If B or C box is checked, a treasurer and bank must be designated.***

A ☐ I certify that I will not receive or expend any funds (including personal funds) in support of my candidacy for above office.

B ☐ I certify that I expect the total amount of contributions or expenditures will not exceed $500 (including personal funds); however, if more than $500 is received and/or expended, within 5 days of reaching this threshold I will file an initial financial report (form C-5) and I will file additional financial reports according to schedule

C ☐ I expect to receive contributions and/or make expenditures exceeding $500 (including personal funds). I will file financial reports (form C-5) according to schedule.

CERTIFICATION

I hereby verify that the foregoing statements are true and correct.

Candidate's Signature _____ Date _____

THIS FORM MAY BE REPRODUCED

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INSTRUCTIONS (Revised 10/01)
FORM C-5
CANDIDATE CAMPAIGN FINANCE REPORT

WHO IS REQUIRED TO FILE A FORM C-5?

Pursuant to Montana Code Annotated § 13-37-225, each candidate for statewide and state district offices shall account for all contributions received and expenditures made by or on behalf of the candidate by filing periodic reports. A report must be filed even if no money has been received or expended.

Each candidate for county, municipal, and class one school district trustee offices are required to file periodic reports if contributions are received, including personal funds, exceed $500 or expenditures exceed $500.

WHAT INFORMATION IS TO BE REPORTED?

The information requested on Form C-5 is required in accordance with Montana Code Annotated §§ 13-37-225 and 13-37-226. Detailed instructions for the completion of this report are provided in the Accounting and Reporting Manual provided to each candidate and their treasurer.

WHEN MUST A FORM C-5 BE FILED?

Upon the filing of a Statement of Candidate Form C-1 or C-1-A, a reporting calendar for the filing of Form C-5 is provided to the candidate and their treasurer.

WHERE MUST A FORM C-5 BE FILED?

- One copy is to be filed with the Commissioner of Political Practices at the address above.
- One copy is to be filed with the Election Administrator of the candidate's resident county by all candidates other than school/college trustee candidates.
- One copy is to be filed with the school clerk by school/college trustee candidates.
- One copy is to be retained for the candidate's records.

Please detach these instructions before filing Form C-5

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FORM C-5 (Revised 10/01)
CANDIDATE CAMPAIGN FINANCE REPORT

ORIGINAL FILING ☐ OR AMENDED FILING ☐

REPORTING PERIOD: From To

TYPE OR PRINT IN INK ALL INFORMATION ON THIS FORM EXCEPT FOR CERTIFICATION SIGNATURE

FULL NAME OF CANDIDATE

COMPLETE MAILING ADDRESS
(Include City, State, Zip Code)

COMPLETE DESCRIPTION OF OFFICE SOUGHT

- ☐ Initial Report
- ☐ Periodic Report
- ☐ Closing Report
- ☐ No transactions in period

CASH SUMMARY: MONEY RECEIVED AND SPENT	PRIMARY	GENERAL
1. **CASH IN BANK** – Balance from previous report	$	$
2. **RECEIPTS** – Total received and deposited this period from Schedule A	$	$
3. **CORRECTIONS** – Addition or subtraction from Schedule D	(Circle one: + or ---) $	(Circle one: + or ---) $
	Subtotal $	***Subtotal*** $
4. **EXPENDITURES** – Total paid out this period from Schedule B	--- $	--- $
5. **CASH IN BANK** – Ending balance this report	$	$

CERTIFICATION

I, _____ (Name), _____ (Title), certify the foregoing report of campaign finances with all attachments is complete and correct to the best of my knowledge, in accordance with Montana Code Annotated Title 13, chapter 37.

_____
Signature

NOTE: Report MUST BE SIGNED by the candidate or candidate's treasurer whose name is on the Statement of Candidate form on file in the office of the Commissioner of Political Practices.

SCHEDULE A. **Receipts – This Reporting Period**		Date	In-Kind Description & Amount PRIMARY	 GENERAL	Cash/Check PRIMARY	 GENERAL	Total to Date PRIMARY	 GENERAL
1. Candidate's Personal Contributions								
2. Contributions Less Than $35 Each								
3. Loans – *REQUIRED: creditors full name and complete mailing address*	Occupation & Employer *REQUIRED*							
	Occupation Employer							
	Occupation Employer							
	Occupation Employer							
4. Interest, Rebates, Refunds, Fundraisers and Other Miscellaneous Receipts (Describe)								
TOTAL RECEIPTS THIS PAGE								

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

SCHEDULE A. **Receipts – This Reporting Period** (continued)	Date Received	In-Kind Description & Amount PRIMARY	 GENERAL	Cash/Check PRIMARY	 GENERAL	Total to Date PRIMARY	 GENERAL
5. Political Action Committee Contributions *REQUIRED: full registered name and complete mailing address*							
Registered Name Address City, State, Zip Code							
Registered Name Address City, State, Zip Code							
Registered Name Address City, State, Zip Code							
Registered Name Address City, State, Zip Code							
Registered Name Address City, State, Zip Code							
TOTAL RECEIPTS THIS PAGE							

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

SCHEDULE A. Receipts – This Reporting Period (continued)	Date Received	In-Kind Description & Amount PRIMARY	In-Kind GENERAL	Cash/Check PRIMARY	Cash/Check GENERAL	Total to Date PRIMARY	Total to Date GENERAL
6. Political Party Committee Contributions *REQUIRED: full name and complete mailing address*							
Name Address City, State, Zip Code							
Name Address City, State, Zip Code							
Name Address City, State, Zip Code							
7. Incidental Committee Contributions *REQUIRED: full name and complete mailing address*							
Name Address City, State, Zip Code							
8. Other Political Committee Contributions *REQUIRED: full name and complete mailing address*							
Name Address City, State, Zip Code							
TOTAL RECEIPTS THIS PAGE							

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

SCHEDULE A. Receipts – This Reporting Period (continued)

9. Individual Contributors of $35 or More *REQUIRED: full name, complete mailing address, occupation, employer, and one name only for each contribution*		In-Kind Description & Amount PRIMARY	 GENERAL	Cash/Check PRIMARY	 GENERAL	Total to Date PRIMARY	 GENERAL
Name Address City, State, Zip Code	Occupation Employer						
Name Address City, State, Zip Code	Occupation Employer						
Name Address City, State, Zip Code	Occupation Employer						
Name Address City, State, Zip Code	Occupation Employer						
Name Address City, State, Zip Code	Occupation Employer						
TOTAL RECEIPTS THIS PAGE							
TOTAL RECEIPTS THIS REPORTING PERIOD							

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

SCHEDULE B. Expenditures – This Reporting Period	Purpose	Date	Amount PRIMARY	Amount GENERAL
1. PETTY CASH Expenditures (Total This Period)				
2. All Other Expenditures *REQUIRED: full name and complete mailing address of each payee.*				
Name Address City, State, Zip Code				
Name Address City, State, Zip Code				
Name Address City, State, Zip Code				
Name Address City, State, Zip Code				
Name Address City, State, Zip Code				
TOTAL EXPENDITURES THIS PAGE--INCLUDING PETTY CASH				
TOTAL EXPENDITURES THIS REPORTING PERIOD				

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

SCHEDULE C. Debts and Loans Not Yet Paid

REQUIRED: full name and complete mailing address of each creditor	Purpose	Date Incurred	Balance Due PRIMARY	Balance Due GENERAL
Name Address City, State, Zip Code				
Name Address City, State, Zip Code				
Name Address City, State, Zip Code				

SCHEDULE D. Corrections to Receipts and Expenditures Previously Reported

Originally Reported on DATE	Originally Reported on SCHEDULE	As Originally Reported	Explain Correction

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INSTRUCTIONS (Revised 07/01)
FORM C-7
NOTICE OF PRE-ELECTION CONTRIBUTIONS

WHO IS REQUIRED TO FILE A FORM C-7?

In accordance with Montana Code Annotated § 13-37-226:

- any *statewide* candidate or political committee must file a Form C-7 if $200 or more is received from a single source between the 10th day before an election and the date of the election;
- any other candidate or political committee must file a Form C-7 if $100 or more is received from a single source between the 17th day before an election and the date of the election.

WHEN MUST A FORM C-7 BE FILED?

- *Statewide* candidates or political committees must file within 24 hours after receipt of a contribution of $200 or more.
- All other candidates or political committees must file within 48 hours after receipt of a contribution of $100 or more.

WHERE MUST A FORM C-7 FILED?

- One copy is to be filed with the Commissioner of Political Practices at the address above.
- One copy is to be filed with the Election Administrator of the candidate's resident county or, in the case of a political committee, in the county where the committee has its headquarters.
- One copy is to be retained for the candidate's or political committee's records.

ADDITIONAL REPORTING REQUIREMENT

All contributions reported on a Form C-7 *MUST BE INCLUDED ON THE NEXT FINANCIAL REPORT* filed (Form C-5 for candidates; Form C-6 for political committees).

Please detach these instructions before filing Form C-7

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FORM C-7 (Revised 07/01)
NOTICE OF PRE-ELECTION CONTRIBUTIONS
TO BE FILED by CANDIDATE or POLITICAL COMMITTEE

TYPE OR PRINT IN INK ALL INFORMATION ON THIS FORM EXCEPT FOR CERTIFICATION SIGNATURE

CANDIDATE or POLITICAL COMMITTEE	IF CANDIDATE, PROVIDE COMPLETE DESCRIPTION OF OFFICE SOUGHT
Full Name _____ Complete Mailing Address _____ _____ (City, State, Zip Code)	

DATE RECEIVED	NAME AND MAILING ADDRESS	OCCUPATION & EMPLOYER	CONTRIBUTION IN-KIND (Amt/Desc)	CONTRIBUTION CASH/CHECK	CIRCLE P=Primary	CIRCLE G=General
	Name Address City, State, Zip	Occupation Employer			P	G
	Name Address City, State, Zip	Occupation Employer			P	G
	Name Address City, State, Zip	Occupation Employer			P	G

This report **must be signed by the candidate or by the candidate's treasurer** whose name is on the Statement of Candidate Form C-1 or Form C-1-A on file in the office of the Commissioner of Political Practices. In the case of a political committee, this report **must be signed by an officer** whose name is on the Statement of Organization Form C-2 on file in the office of the Commissioner of Political Practices.

Signature _____ Title _____ Date _____

THIS FORM MAY BE REPRODUCED

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INSTRUCTIONS (Revised 07/01)
FORM C-118
DISPOSITION OF SURPLUS CAMPAIGN FUNDS STATEMENT

WHO IS REQUIRED TO FILE A FORM C-118?

Following the filing of a closing campaign finance report, all candidates with surplus campaign funds are required to file a Form C-118, pursuant to Montana Code Annotated § 13-37-240.

WHAT INFORMATION IS TO BE REPORTED?

Pursuant to Montana Code Annotated § 13-37-240, the candidate shall disclose the disposition of any surplus campaign funds. Montana Administrative Rule 44.10.335 provides that Form C-118 shall be accompanied by copies of receipts from all recipients of any surplus campaign funds.

WHEN MUST A FORM C-118 BE FILED?

Within 120 days of filing a closing campaign finance report, a candidate must dispose of surplus campaign funds. Form C-118 must be filed by a candidate within 135 days after a closing report is filed.

WHERE MUST A FORM C-118 BE FILED?

- One copy is to be filed with the Commissioner of Political Practices at the address above.
- One copy is to be filed with the Election Administrator of the candidate's resident county.
- One copy is to be retained for the candidate's records.

Please detach these instructions before filing Form C-118

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FORM C-118 (Revised 07/01)
DISPOSITION OF SURPLUS CAMPAIGN FUNDS STATEMENT

TO BE FILED by ALL CANDIDATES WITH SURPLUS CAMPAIGN FUNDS

TYPE OR PRINT IN INK ALL INFORMATION ON THIS FORM EXCEPT FOR CERTIFICATION SIGNATURE

FULL NAME OF CANDIDATE

Last Name _____

First Name _____

Complete Mailing Address _____

_____
(City, State, Zip Code)

Complete Description of Office Sought

Within 120 days of filing a closing campaign finance report, a candidate shall dispose of surplus campaign funds.

Within 135 days of filing the closing campaign finance report, a candidate shall file a supplemental report (Form C-118), showing the disposition of the surplus funds; this supplemental report shall be accompanied by **copies of all receipts** from all recipients of any surplus campaign funds. (Montana Administrative Rule 44 10.335)

DISPOSITION OF SURPLUS CAMPAIGN FUNDS

1. CASH IN BANK – Closing report ending balance:
   (From Closing Finance Report, Cash Summary, Line 5) $ _____

2. Explanation of Disposition of Surplus Campaign Funds ***(attach receipts):***

_____

_____

_____

_____

CERTIFICATION

I, _____ certify that the foregoing Disposition of Surplus Campaign Funds Statement is complete and correct to the best of my knowledge, in accordance with Montana Code Annotated Title 13, Chapter 37.

_____ _____
Candidate's Signature Date

THIS FORM MAY BE REPRODUCED